

# **Chapter 227, P.L. 2001**

(Approved August 27, 2001)

[First Reprint]

**SENATE, No. 516**

## **STATE OF NEW JERSEY**

**209th LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2000 SESSION

**Sponsored by:**

**Senator SHIRLEY K. TURNER**

**District 15 (Mercer)**

**Senator DIANE ALLEN**

**District 7 (Burlington and Camden)**

**Co-Sponsored by:**

**Senator Palaia**

**SYNOPSIS**

Clarifies health insurance coverage requirements for Pap smears and requires same coverage under State Health Benefits Program.

**CURRENT VERSION OF TEXT**

## **Chapter 227, P.L. 2001**

2

As reported by the Senate Health Committee on  
June 19, 2000, with amendments.

**EXPLANATION** - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup> Senate SHH committee amendments adopted June 19, 2000.

## **Chapter 227, P.L. 2001**

3

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**<sup>1</sup> Senate SHH committee amendments adopted June 19, 2000.**

## Chapter 227, P.L. 2001

4

(Sponsorship Updated As Of: 12/19/2000)

AN ACT concerning health insurance benefits for Pap smears '[and]',<sup>1</sup>  
amending P.L.1995, c.415 'and supplementing P.L.1961, c.49  
(C.52:14-17.25 et seq.)<sup>1</sup>.

**BE IT ENACTED** *by the Senate and General Assembly of the State of  
New Jersey:*

1. Section 1 of P.L.1995, c.415(C.17:48E-35.12) is amended to read  
as follows:

1. No health service corporation contract providing hospital or  
medical expense benefits for groups with greater than [49] 50 persons  
shall be delivered, issued, executed or renewed in this State, or approved  
for issuance or renewal in this State by the Commissioner of Banking  
and Insurance on or after the effective date of this act, unless the contract  
provides benefits to any named subscriber or other person covered  
thereunder for expenses incurred in conducting a Pap smear. The benefits  
shall be provided to the same extent as for any other medical condition  
under the contract.

As used in this section, and notwithstanding the provisions of this  
section to the contrary, "Pap smear" means an initial Pap smear and any  
confirmatory test when medically necessary and as ordered by the  
covered person's physician and includes all laboratory costs associated  
with the initial Pap smear and any such confirmatory test.

This section shall apply to all health service corporation contracts in  
which the health service corporation has reserved the right to change the  
premium.

(cf: P.L.1995, c.415, s.1)

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## Chapter 227, P.L. 2001

5

2. Section 2 of P.L.1995, c.415(C.17:48-6o) is amended to read as follows:

2. No hospital service corporation contract providing hospital or medical expense benefits for groups with greater than [49] 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

As used in this section, and notwithstanding the provisions of this section to the contrary, "Pap smear" means an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.

This section shall apply to all hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

(cf: P.L.1995, c.415, s.2)

3. Section 3 of P.L.1995, c.415(C.17:48A-7m) is amended to read as follows:

3. No medical service corporation contract providing hospital or medical expense benefits for groups with greater than [49] 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the contract provides benefits to any named subscriber or other person covered

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## Chapter 227, P.L. 2001

6

thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

As used in this section, and notwithstanding the provisions of this section to the contrary, "Pap smear" means an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.

This section shall apply to all medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

(cf: P.L.1995, c.415, s.3)

4. Section 4 of P.L.1995, c.415(C.17B:27-46.1n) is amended to read as follows:

4. No group health insurance policy providing hospital or medical expense benefits for groups with greater than [49] 50 persons shall be delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the policy.

As used in this section, and notwithstanding the provisions of this section to the contrary, "Pap smear" means an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.

This section shall apply to all group health insurance policies in

## Chapter 227, P.L. 2001

7

which the health insurer has reserved the right to change the premium.  
(cf: P.L.1995, c.415, s.4)

5. Section 5 of P.L.1995, c.415(C.26:2J-4.12) is amended to read as follows:

5. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health and Senior Services on or after the effective date of this act unless the health maintenance organization offers health care services to any enrollee or other person covered thereunder which include a Pap smear. The health care services shall be provided to the same extent as for any other medical condition under the contract.

As used in this section, and notwithstanding the provisions of this section to the contrary, "Pap smear" means an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.

The provisions of this section shall apply to all contracts for health care services by health maintenance organizations under which the right to change the schedule of charges for enrollee coverage is reserved.

(cf: P.L.1995, c.415, s.5)

<sup>1</sup>6. (New section) The State Health Benefits Commission shall provide benefits to each person covered under the State Health Benefits Program for expenses incurred in conducting a Pap smear. The benefits shall be provided to the same extent as for any other medical condition under the contract.

As used in this section, and notwithstanding the provisions of this section to the contrary, "Pap smear" means an initial Pap smear and any confirmatory test when medically necessary and as ordered by the covered person's physician and includes all laboratory costs associated with the initial Pap smear and any such confirmatory test.<sup>1</sup>

**Chapter 227, P.L. 2001**

8

'[6.] 7.' This act shall take effect immediately.